PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 23446 05/27/2011

MCANDREWS HELD & MALLOY, LTD 500 WEST MADISON STREET **SUITE 3400**

Certificate of Mailing or Transmission Of EFS

I hereby certify that this Fee(s) Transmittal is being deposited with the United
States Postal Service with sufficient postage for first class mail in an envelope
addressed to the Mail Stop ISSUE FEE address above, or being facsimile

CHICAGO, IL 60661			trans	mitted to the USPT	O (571) 27	/3-2885, on the da	te indicated below.	
				Michael T. C	'ruz	or via El	FS-Web (Depositor's name)	
			/N	Iichael T. Cr	uz/		(Signature)	
				August 16, 2	2011		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/675,377 09/30/2003		Jeyhan Karaoguz		14970US02		6852		
TITLE OF INVENTION VIEWING CAPABILIT		NG SYSTEM SUPPORT	ITNG ADAPTIVE DIGIT.	AL MEDIA PARA	AMETERS	BASED ON EN	ID-USER	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TO	OTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	08/29/2011	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS					
CHRISTENSEN, SCOTT B		2444	709-246000	•				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
			THE PATENT (print or type data will appear on the part of a substitute for filing an		ee is identi	fied below, the de	ocument has been filed for	
(A) NAME OF ASSI			(B) RESIDENCE: (CITY					
Broadcom	Corporation	Irvine, CA						
Please check the appropr	riate assignee category or	categories (will not be p	rinted on the patent):	Individual 🛭 Co	rporation c	or other private gro	oup entity Government	
4a. The following fee(s) are submitted: 3 Issue Fee 4b Publication Fee (No small entity discount permitted) 4c Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-0017 (CARDINGENTAL CONTINUES).					
a. Applicant clain	ntus (from status indicatens SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no lon					
NOTE: The Issue Fee ar interest as shown by the	nd Publication Fee (if req records of the United Sta	uired) will not be acceptentes Patent and Trademark	ed from anyone other than t k Office.	he applicant; a regi	stered attor	mey or agent; or th	ne assignee or other party in	

August 16, 2011 Authorized Signature /Michael T. Cruz/ Registration No. <u>44,636</u> Typed or printed name Michael T. Cruz

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.